

# Certificate of Insurance

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER.  
THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW.

NAME AND ADDRESS OF AGENCY	COMPANIES AFFORDING COVERAGES	
	COMPANY LETTER <b>A</b>	
NAME AND ADDRESS OF INSURED	COMPANY LETTER <b>B</b>	
	COMPANY LETTER <b>C</b>	
	COMPANY LETTER <b>D</b>	
	COMPANY LETTER <b>E</b>	

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)		
					EACH OCCURRENCE	AGGREGATE
	<b>GENERAL LIABILITY</b>					
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM			BODILY INJURY	\$	\$
	<input type="checkbox"/> PREMISES-OPERATIONS EXPLOSION AND COLLAPSE HAZARD			PROPERTY DAMAGE	\$	\$
	<input type="checkbox"/> UNDERGROUND HAZARD					
	<input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS HAZARD			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
	<input type="checkbox"/> CONTRACTUAL INSURANCE					
	<input type="checkbox"/> BROAD FORM PROPERTY DAMAGE			PERSONAL INJURY		\$
	<b>AUTOMOBILE LIABILITY</b>					
	<input type="checkbox"/> COMPREHENSIVE FORM			BODILY INJURY (EACH PERSON)	\$	
	<input type="checkbox"/> OWNED			BODILY INJURY (EACH ACCIDENT)	\$	
	<input type="checkbox"/> HIRED			PROPERTY DAMAGE	\$	
	<b>EXCESS LIABILITY</b>					
	<input type="checkbox"/> UMBRELLA FORM			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
	<b>WORKERS' COMPENSATION and EMPLOYERS' LIABILITY</b>					
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM			STATUTORY	\$	(EACH ACCIDENT)
A	<b>OTHER</b> PROFESSIONAL LIABILITY INSURANCE			\$ _____ each claim or in the aggregate with a _____ ea. claim deductible.		

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES

"Professional Liability Insurance has an aggregate limit which is the total insurance available for claims presented within the policy period for all operations of the insured. This insurance is not for a specific project."

PROJECT:

BUREAU:

UNIT:

TITLE:

**Cancellation:** Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will mail **30 days** prior written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER:

State of Connecticut  
Department of Transportation  
2800 Berlin Turnpike, P.O. Box 317546  
Newington, Connecticut 06131-7546

DATE ISSUED: \_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE